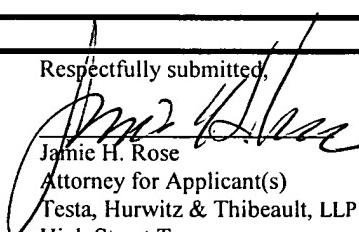


|  |  |   |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
|--|--|---|--------------------------|-------------------------------|----|--------------------------|--------------------------------|----|-------------------------------------|----------------------------------|-----------|--------------------------|---------------------------------|----|--------------------------|---------------------------------|----|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |  | Attorney Docket Number<br>ASX-056   |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
|   | In re Application of Gottschalk et al. |   |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
|  | Application Serial No. 09/701,854      |   |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
|  | Filed: 2/15/01                         |   |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
|  | Group Art Unit: 1746                   | Examiner: Markoff, Alexander  |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows<br/>(check time period desired)</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>One month (37 CFR 1.17(a)(1))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td>\$ 930.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> |  |   | <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 930.00 | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |
| <input type="checkbox"/>   | One month (37 CFR 1.17(a)(1))          | \$  |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
| <input type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))         | \$  |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
| <input checked="" type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))       | \$ 930.00   |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
| <input type="checkbox"/>   | Four months (37 CFR 1.17(a)(4))        | \$  |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
| <input type="checkbox"/>   | Five months (37 CFR 1.17(a)(5))        | \$  |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
| <p>I am the <input type="checkbox"/> assignee of record of the entire interest.<br/> <input type="checkbox"/> applicant.<br/> <input checked="" type="checkbox"/> attorney or agent of record.<br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____.</p>   |  |   |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |
| <b>CORRESPONDENCE ADDRESS</b><br>Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  |  | <b>SIGNATURE BLOCK</b><br><br>Respectfully submitted,<br>Jamie H. Rose<br>Attorney for Applicant(s)<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110 |                          |                               |    |                          |                                |    |                                     |                                  |           |                          |                                 |    |                          |                                 |    |

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